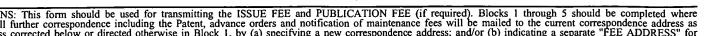
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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appropriate All further cor	respondence including the P below or directed otherwise	atent advance or	ders and notifica	ition of maintenance fees	will be mailed t	o the curren	t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal, Tl	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
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27727 759	•							
PEDERSEN & COMPANY, PLLC				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United				
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BOISE, ID 83701				transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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01 FC:2501				$\frac{1}{2} \frac{1}{2} \frac{1}$				
02 FC:1504 03 FC:8001	700.00 D 300.00 D				X - 2 /	100	(Date)	
APPLICATION NO.	FILING DATE 2.00 (FIRST NAMED		VENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/667,294	09/16/2003	Tracy P.		esler	3504		8402	
TITLE OF INVENTION: FLOOR VINYL REPAIR TECHNIQUE AND TOOL								
								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000		08/23/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	J			
FISCHER,	1733		156-094000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 co Number is required.	orrespondence (1) the names of or agents OR, alter (2) the name of a registered attorne		alternatively, of a single firm (having as mey or agent) and the nar atent attorneys or agents. If	registered patent attorneys y, irm (having as a member a nt) and the names of up to the name is a sample of the name		J. Pedersen ara S. Pedersen		
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified bel 37 CFR 3.11. Completion of		data will appear Γa substitute for :			below, the d	locument has been filed for	
Please check the appropriate	assignee category or categor	ies (will not be pri	inted on the paten	nt): 🔲 Individual 🚨 C	orporation or otl	ner private gr	oup entity Government	
4a. The following fee(s) are enclosed: ↓ Issue Fee ↓ A check in the amount of the fee(s) is enclosed. ↓ Publication Fee (No small entity discount permitted) ↓ Payment by credit card. Form PTO-2038 is attached.								
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 4 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502236 (enclose an extra copy of this form).								
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**	MALL ENTITY status. See 3	7 CFR 1.27.		is no longer claiming SMA				
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Authorized Signature	Salma	5/ÍA	Usin	Date	8-2	1-0		
Typed or printed name	Barbara S. Pe	detsen		Registration 1	No. 36,23	7		
This collection of informatio an application. Confidentiali	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C.	1. The informatio 122 and 37 CFR	n is required to ol	btain or retain a benefit by ion is estimated to take 12	the public which minutes to comp	is to file (and lete, includir	d by the USPTO to process) ng gathering, preparing, and	

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